

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

38744

PLACE OF DEATH

County White  
Township Cumbridge  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 194  
Primary Registration District No. 1087A

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bernard William Larnan  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Larnan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1875  
7. AGE YEARS 58 MONTHS 6 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) William, Mo.

13. NAME M. H. Larnan  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) William, Mo.

15. MAIDEN NAME not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Miss Anna Larnan  
(ADDRESS) William, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Glasgow DATE Nov. 28, 1933

19. UNDERTAKER Tony Hillen  
(ADDRESS) Glasgow, Mo.

20. FILED Nov 27, 1933 J. H. [Signature]  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26, 1933  
22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1933, to 11-26, 1933  
I last saw deceased on 11-26, 1933. Death is said to have occurred on the date stated above, at 10-30 p.m.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
194A  
[Signature]  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) M. H. Larnan, M. D.  
(Address) Glasgow, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

